

elicit very much of a response. (2) The medical organizations mentioned, which assess their members so much and give so little in return, could at least allow the doctors to be heard in the publications of their organizations. One could consider curtailing a regular column on gourmet eating or the history of medicine to allow a little democracy in the organization.

Sincerely,

JOHN E. SUMMERS, M.D.  
Sacramento

EDITOR'S NOTE: This section of CALIFORNIA MEDICINE seeks to reflect the opinions of our readers. There are 27,000 of them. Therefore, of necessity some attention is given to both the quantity and quality of what can be published.  
—MSMW

## Doppler Monitoring

*To the Editor:* In *Epitomes of Progress—Plastic Surgery* [January, 1972], Kaplan and Vistnes<sup>1</sup> point out some of the many valuable uses to which Doppler ultrasound flowmeters can be put in clinical medicine. Although their concern was for use in plastic surgery, it brings to mind another application which has proved to be lifesaving.

Certain types of surgical procedures place patients in greater risk of venous air embolism, with potentially catastrophic results if it is not rapidly

diagnosed and treated — particularly, posterior fossa operations in the sitting position, as well as some gynecologic and urologic procedures, pose such dangers.

Martin<sup>2</sup> and later Gronert and Michenfelder<sup>3</sup> have described a technique for using the fetal Doppler flowmeter to monitor the heart of patients undergoing such procedures, and have found it to be very satisfactory in detecting tiny emboli of one to two milliliters volume. Combining such careful monitoring with preoperative placement of a right atrial catheter, and other precautions, has enabled these workers to treat rapidly and effectively such episodes without resort to the traditional measures. One need think only a moment of the difficulties of disengaging a patient from drapes and headrest during a craniotomy in order to lay him down and turn him on his side, and do it fast, to recognize the virtues of a system that seems to remove the need for such gyrations.

There appears to be only one major disadvantage to continuous Doppler monitoring—the sounds produced are loud and continuous, and are, therefore, potentially quite irksome to the entire operating team.

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## REFERENCES

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2. Martin JT: Neuroanesthesia, *In* *Audio-Digest Anesthesiology*, 13: No. 18, Sep 24, 1971
3. Gronert GA, Michenfelder JD: Evaluation of an ultrasonic device (Doppler) for the diagnosis of venous air embolism. Abstracts of Scientific papers, 1971 Annual Meeting of the American Society of Anesthesiologists, 1971

## EYE DROPS FOR THE EARS

I don't think there are any otitic steroid solutions that are steroids alone; they all are in combination with an antibiotic. So when I have an ear canal that is markedly pruritic and has no other problems (the patient just has severe itching and nothing else manages it) I prescribe a steroid eye drop. You can order eye drops and underline the word "ears." The pharmacist will be on the phone in 30 seconds asking whether you really want to put the drops in the ear; but that's what I use.

—ALLEN M. DEKELBOUM, M.D., San Francisco  
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